

CITY OF LEXINGTON
Planning & Development Department
P.O. Box 922
300 East Washington Street
Lexington, Virginia 24450
[540] 462-3704; fax [540] 463-5310

**APPEAL TO THE
BOARD OF ZONING APPEALS**

Case #: _____

Date: _____

Property Description:

Street Address: _____

Tax Map: _____ Subdivision/Block #: _____

Owner's Name(s): _____ Phone: _____

Owner's Address: _____

Occupant's Name(s): _____ Phone: _____

Occupant's Address: _____

Nature of Appeal: Fill in Section 1 or 2 (*not both*) as appropriate. Additional information may be supplied on separate sheets if the space provided is not adequate.

Section 1: Appeal from decision of Planning and Development Administrator in relation to enforcement of the zoning ordinance (Lexington City Code Chapter 28)

Describe decision of Administrator from which this appeal is made: _____

Section 2: Appeal for a variance from the terms of the zoning ordinance

Describe desired variance and special conditions under which literal enforcement of the zoning ordinance will result in unnecessary, exceptional, and peculiar hardship, thereby warranting a variance: _____

Provision of zoning ordinance or district boundary in question: _____

Appellant's signature

Date

Board Action:

Date(s) of public hearing(s): _____

Interested parties notified: _____

By: _____

Date: _____